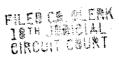


CANDIDATE COMMITTEE COVER PAGE



FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers from: 3 -24 -1/2 to 6 -1 - 12 Mo Day Year Mo Day Year					
1. Committee I.D. Number 15066 2 2. Committee Name Elect red-o Santos	4. Candidate Last Name Santes Gedro R 4a. Office Sought Incliding District # or Community Served (If applicable) Bangor Towns'n: V Truster 4b. County of Residence Bar					
5. Committee's Mailing Address ### ### ###########################	6. Treasurer's Name & Residential Address Pedo R. Santo S 4646 Morningside Dr Barcine ME 4870 M Area Code & Phone (989) 686 - 7479.					
7. Treasurer's Business Address SAMEAS ABO∪€	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)					
Area Code and Phone ()	Area Code and Phone	<u> </u>				
9. TYPE OF STATEMENT	9	Oc. Annual Statement (Coverage Year)				
9a. Pre-Election OR 9b. Post-Election		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)				
Pre-Election or Post-Election Statement relates to: General		ee. 🔀 Dissolution of Candidate Committee				
☐ Convention ☐ School		Effective Date of Dissolution				
☐ Special ☐ Cauc	us	10 23 12 Month Day Year				
Date of Election, Convention or Caucus 8-7-12 Month Day Year	oi th th N	by checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Idea: The disposition of residual funds must be reported on Schedule B and the Summary Page.				
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.						
10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.						
Current Treasurer or Designated Record keeper Pedro R Santos Santos Date 10-23-12 Date 10-23-12						
Candidate Ped-o R. Santos 1	An 1 Signature	Date /0 -23 - / 2 Mo Day Year				
ithority granted under P.A. 388 of 1976						



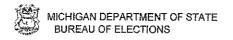
1	Committee	מו	Number	

2. Committee Name

Elect Redro Santor

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle	
3. Contributions	0		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$		
. b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE		
c. Subtotal of "Contributions"	(3c.) \$	(18.)\$	
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)'\$	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.)\$	
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$	
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$	
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	·	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	(9.) \$	(23.) \$	
10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule)	(10a.)\$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.)\$		
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$	
a. Owed by the Committee (Schedule 1E)	(122)\$		
b. Owed to the Committee (Schedule 1E)	(128.) \$	·	
	(12b.) \$		
13. Ending Balance of last report filed	(13.) \$()		
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 0		
(Line 5, Total Contributions & Other Receipts)	Α .	-	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$	-	
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$	-	
(Subtract line 16 from line 15)	(17.) \$	*	
If your ending balance is negative, please recheck your math.			



DEBTS AND OBLIGATIONS

150662

SCHEDULE 1E	رسو	L 0 1	- 1 -	
CANDIDATE COMMITTEE 2.0	Committee Name	t Pedro	Santal	
This Schedule itemizes:				
	amittee OR b. Deb	ts and obligations owed <u>to</u> curpose checked.)	or forgiven <u>by</u> the co	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Lot M			
Redro Santes	5. Date Debt Was Incurred:	<u> </u>		
Pedro Santes 4646 Morningside Dr. Bay City MI 48706	7-27-/2	\$	s	, O
n 1 mI 48706	6. Original Amount of Debt:	\$		4
Bay City	s 57-24	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$	·
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	Ψ		
	J. Date Debt Was mentice.	\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$	<u> </u>		FORGIVEN
		\$	•	FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	<u> </u>
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
		\$.	
l	6. Original Amount of Debt:	\$	\$ J	\$
	\$			FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
		Page Subtotal (Outstanding debt)	
(Cor	nplete on last page of Schedule sh	Grand Total of	fall Schedules 1E	0
,	or last page of Collectic St	owing amounts owed by or		Enter this total
				on line 12a "owed by"" or line 12b
A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of				

this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Summary Page